

Intervention: Counseling, testing and referral

Finding: Sufficient evidence for effectiveness

Potential partners to undertake the intervention:

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|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor organizations |
| <input type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input checked="" type="checkbox"/> Health care providers | <input checked="" type="checkbox"/> Local public health departments |
| <input checked="" type="checkbox"/> State public health departments (PCRS) | <input type="checkbox"/> Policymakers |
| <input checked="" type="checkbox"/> Hospitals, clinics or managed care organizations | <input checked="" type="checkbox"/> Other: Correctional settings, AIDS service organizations |

Background on the intervention:

HIV antibody testing is the only way for a person to learn his or her HIV status. Testing has been available through anonymous testing sites in Wisconsin since 1985. Counseling, testing, and referral provides:

- Readily accessible counseling, testing, and referral services for individuals at risk for HIV.
- Testing at low or no cost to individuals who would not otherwise be able to afford testing.
- Anonymous testing for persons with confidentiality concerns that might prevent them from seeking services.
- Client-centered counseling designed to reduce client risk of acquiring or transmitting HIV.
- Appropriate referrals for medical services, social and emotional support, behavior change interventions, and partner counseling and referral.

Counseling, testing, and referral has two primary components: (1) *Client-centered counseling* which promotes HIV prevention by supporting behavior change that reduces an individual's risk for HIV infection; and (2) *HIV antibody testing* which identifies individuals who are infected with HIV (case finding) to link them to early medical care, treatment, and other services.

Findings from the systematic reviews:

There is evidence that individuals who receive positive test results and counseling change their risk behaviors to avoid transmitting HIV to others. This finding varies across populations; the population in which the greatest reductions in unprotected sex have been documented following learning HIV status is among couples with one positive and one negative partner (Higgins DL and Wolitski R).

The CDC conducted a three-year, randomized controlled trial, which evaluated counseling of HIV-negative heterosexuals in five inner-city sexually transmitted infection clinics around the country. The results indicated an increase in condom use and a decrease in sexually transmitted diseases over a six-month period in persons receiving counseling versus those who received only education prior to testing (Kamb ML, et al.).

Voluntary HIV counseling and testing can be effective if accompanied by sufficient intensity of counseling, but are insufficient for HIV risk reduction in some populations (Choi and Coates, 1994; Gluck and Rosenthal, 1995). Counseling and testing may be particularly effective means of secondary prevention for people who test positive for HIV and for HIV serodiscordant couples (Gluck and Rosenthal, 1995; Weinhardt et al., 1999).

Voluntary HIV counseling and testing does not significantly affect the HIV risk behavior of individuals who test negative compared to non-tested individuals (Weinhardt, et al., 1999). Its impact may be stronger among individuals: (1) who are from populations/communities where HIV infection is prevalent (Weinhardt, et al., 1999); (2) who are older (Weinhardt, et al., 1999); or (3) who seek testing on their own (Weinhardt, et al., 1999).

Voluntary testing and counseling, accompanied by referral and partner notification, are likely to be cost-effective in the long-term (Gluck and Rosenthal, 1995). In addition, they are likely to be most effective as one part of an overall HIV prevention strategy that also includes individual-, community-, and policy-level interventions (Weinhardt, et al., 1999).

Additional information:

A Center for AIDS Prevention Studies (CAPS) fact sheet entitled [What is the role of counseling and testing in HIV prevention?](http://www.caps.ucsf.edu/C&T.html) is available online at: www.caps.ucsf.edu/C&T.html

References:

[CDC's Diffusion of Effective Behavioral Interventions \(DEBI\)](http://www.effectiveinterventions.org) - www.effectiveinterventions.org

Choi KH, Coates TJ. Prevention of HIV infection. *AIDS* 1994; 8: 1371-1389.

Gluck M, Rosenthal E. Office of Technology Assessment report: The effectiveness of AIDS prevention efforts. Office of Technology Assessment (1995). Washington DC: American Psychological Association.

Higgins DL. Evidence for the effects of HIV antibody counseling and testing on risk behaviors. *Journal of the American Medical Association*: 1991: 266(17).

Kamb ML, Fishbein M, Douglas JM, Rhodes F, Rogers J, Bolan G, Zenilman J, Hoxworth T, Malotte CK, Latesta M, Kent C, Lentz A, Graziano S, Byers RH, Peterman TA. Efficacy of risk-reduction counseling to prevent human immunodeficiency virus and sexually transmitted diseases: A randomized controlled trial. Project RESPECT Study Group. *Journal of the American Medical Association* 1998; 280 (13):1161-1167.

Seal DW, Winningham, AL. Scientifically sound HIV prevention interventions: Summary of critical reviews. Report prepared for Wisconsin HIV Prevention Community Planning Council, Wisconsin AIDS/HIV Program (September 9, 2003).

Weinhardt LS, Carey MP, Johnson BT, Bickham NL (1999). Effects of HIV counseling and testing on sexual risk behavior: A meta-analytic review of published research, 1985-1997. *American Journal of Public Health* 1999; 89:1397-1405.

Wisconsin HIV Prevention Community Planning Council, 2005-2008 Wisconsin Comprehensive HIV Prevention Plan (2005).

Wisconsin AIDS/HIV Program. Wisconsin AIDS/HIV Program HIV prevention intervention plan and data collection and reporting forms (October 2001).

Wolitski R. HIV prevention update: key issues in counseling and testing. CDC Satellite Broadcast. May 1997.

Core requirements for providing intervention:

Agencies providing AIDS/HIV counseling, testing and referral (CTR) in Wisconsin agree to:

1. Offer anonymous and confidential (name-associated) testing to all clients seeking testing.
2. Provide services to clients regardless of their ability or willingness to pay for these services.
3. Adhere to state statutes related to HIV infection, including those concerning confidentiality, informed consent for testing, and HIV case reporting.
4. Participate in training sponsored by the Wisconsin AIDS/HIV Program regarding provision of HIV counseling, testing, and referral (CTR) services, including oral fluid testing.
5. Abide by Wisconsin AIDS/HIV Program protocols regarding HIV counseling and testing services.
6. Establish agency policies and procedures regarding confidentiality of test results, records, and counseling sessions; crisis intervention; and referrals.
7. Submit specimens to the Wisconsin State Laboratory of Hygiene for laboratory processing.
8. Provide oral fluid HIV antibody testing (OraSure) and/or serum HIV antibody testing. If offering exclusively oral fluid testing, the agency agrees to have a method to provide serum testing to resolve indeterminate oral fluid test results.
9. Develop a plan regarding how clients will obtain their test results.
10. Immediately contact HIV-positive clients who were tested confidentially and did not return for their test results.
11. Coordinate services with appropriate agencies in their service area to facilitate referrals for HIV-positive clients to access early intervention services, case management, medical care, and prevention services.
12. Comply with State of Wisconsin data collection requirements – including completion of the CTR questionnaire, scannable data form, and quarterly and annual reports.
13. Monitor quality of services through observation of counselors, client satisfaction surveys, or other means.
14. Refer HIV-positive clients to Partner Counseling and Referral Services (PCRS) provided by the health department in the service area.
15. Target CTR to clients at significant risk for HIV infection as identified in the Wisconsin Comprehensive HIV Prevention Plan.
16. Have a physician currently licensed in the State of Wisconsin provide medical supervision of CTR activities, including review and written approval of CTR agency policies and procedures.
17. Work with the state Prevention in HIV-Infected Populations Project (PHIPP) and refer appropriate clients to prevention case management.
18. Convene a Program Review Panel, consistent with requirements set forth by the Centers for Disease Control and Prevention (CDC), that reviews and approves all educational materials (brochures, fliers, posters, videotapes, audio cassettes, questionnaires or surveys, curricula or outlines for educational sessions, public service announcements, Web pages, etc.) supported with CDC funds. Provide to the Wisconsin Department of Health and Family Services statements signed by the Chairperson of the Program Review Panel specifying the vote for approval and disapproval for each item that is subjected to review.